## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P93000000807

1. Entity Name

EURO-AMERICAN REAL ESTATE, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90223 004 \*\*\*150.00

2716 S. DOBE HWY													
Suite, Apt. 4, etc.   City & State   City & City	Principal Place of Business 2716 S. DIXIE HWY STE 101 WEST PALM BEACH FL 33405				2716 S. DIXIE HWY STE 101								
City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Size  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. New Address of New Registered Agent  7. Name and Address of New Registered Agent  8. New Address of New Registered Agent  9. New Address of New Registered Agent  9. New Add	2. Principal Place of Business			3. N	3. Mailing Address								
Zip Country Zip Country	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Second   S	City & State			C	City & State			4.	65-0380463				
Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation's registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation's registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation's registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation's registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation's registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation's registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.  SIGNATURE  Signature, types or proteed name or registered agent und use it applicable.  (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.  ONTE  PLE NOW!!! FEE! STATE.  Signature, types or proteed name or registered agent.  (MOTE Registered Agent signature registered when relinative)  9. Electron Campaign Flinancing  Instituted Contribution.  Add of the registered when relinative registered when relinative)  9. Electron Campaign Flinancing  Instituted Contribution.  Add of the registered when relinative registered when relinative.  9. Electron Campaign Flinancing  Instituted Contribution.  Add of the resistance when relinative registered when relinative.  9. Electron Campaign Flinancing  Instituted Contribution.  Add of the resistance when relinative registered when relinative.  9. Electron Campaign Flinancing  Instituted Contribution.  Add of the resistance when relinative registered when relina	Zip Country		z	Zip		Country 5.		Certificate of Status Desired		5 Addi	tional		
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B. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, types of priese name of registered agent and size if applicable.   (NOTE: Registered Agent signature required when rematance)   DATE													
THE HORSE SIGNATURE    Signature, speed or printed sepret and tibe it applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	WEST PALM BEACH FL 33405						City			FL Zip	Code		
FILE NOW!! FEE IS \$150.00  ### And Provided in the provided in the paper and blue if applicable. (NOTE: Registered Agent algentative required when reimstand)  ### PILE NOW!! FEE IS \$150.00  ### And Provided Speak will be \$550.00  ### Make Check Payable to Florida Department of State  ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### 17.6 S. DIXIE HWY  ### PASS, JOSEPH  ### 27.6 S. DIXIE HWY  ### WEST PALM BEACH FE 33405  ### 17.6 S. DIXIE HWY  ### WEST PALM BEACH FE 33405  ### 17.6 S. DIXIE HWY  ### STREET ADDRESS  ### 17.6 S. DIXIE HWY  ### WEST PALM BEACH FE 33405  ### 17.6 S. DIXIE HWY  ### 17.6 S. DIXIE HW	the obligat	tions of regist	ered agent.			s register	ed office or r	egistered ag	gent, or both, in the State of Florida.	I am familiar	with, a	and accept	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address in the light property of the corporation of the corporation of the receiver or trustee empowered.

**SIGNATURE:** 

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1/8/03 56/366-80

Daytime Phone i

CR2E034 (10/02)